

BRUCE A. BLAKEMAN
County Executive



THOMAS A. ADAMS
County Attorney

COUNTY OF NASSAU
OFFICE OF THE COUNTY ATTORNEY

February 16, 2023

Via ECF

Hon. Joan M. Azrack
United States District Court
100 Federal Plaza
Central Islip, New York 11722

Re: Kutner v. County of Nassau, et al.
22-CV-07530 (JMA)

Dear Judge Azrack:

This office represents defendants, Nassau County, Nassau County Executive Bruce A. Blakeman and Nassau County Police Commissioner Patrick J. Ryder in the above-referenced action. In the telephone conference held yesterday afternoon, Your Honor asked me to make inquiry to the Police Department as to the process for plaintiff Harry Kutner ("plaintiff") to apply for a concealed carry permit under the recently enacted New York State Concealed Carry Improvement Act, enacted by the New York State Legislature on July 1, 2022.

A copy of the Police Department's Pistol/Semi-Automatic Rifle License Application Form, which sets for the requirements to obtain a concealed carry permit at p. 3, par. 3, is annexed hereto. Plaintiff is free to complete the prescribed application at his convenience, as is any other Nassau County resident.

I was advised by the Police Department's Legal Bureau this afternoon that, upon submission by plaintiff of a complete application and all required supplemental documentation, the Pistol License Bureau respectfully requests that it be allowed three (3) weeks to render a decision, contingent upon receipt of supplemental investigatory records from the New York State Police and other agencies. For example, if the background check indicates that plaintiff has any mental health condition and associated treatment, additional records would be required from the Nassau County Office of Mental Health. Similarly, if he has any prior arrests with an outside agency, records associated with that arrest and subsequent prosecution would be requested from the arresting and prosecuting agencies.

As always, defendants thank Your Honor for your attention and consideration in this matter.

Respectfully submitted,

/s/ Ralph J. Reissman
RALPH J. REISSMAN

cc: Harry H. Kutner, Jr., Plaintiff *pro se* (Via ECF)

Nassau County



Police Department

BRUCE A. BLAKEMAN
COUNTY EXECUTIVE

1490 Franklin Avenue
Mineola, New York 11501
(516) 573-7559

PATRICK J. RYDER
COMMISSIONER

PISTOL/SEMI-AUTOMATIC RIFLE LICENSE APPLICATION INSTRUCTIONS

Step 1: Obtain and prepare application.

Prior to completing any of the enclosed forms, take the time to review these instructions to assure that the enclosed forms will be properly prepared. All of the forms are to be completed and all required supplementary documents are to be secured prior to submitting your application for review.

**PLEASE NOTE THAT FORMS MUST BE CLEARLY PRINTED IN BLACK INK ONLY OR TYPED.
FOR CONCEALED CARRY ONLY, SEE 3.**

1. **Form preparation:** All questions *must* be answered completely.

FALSE STATEMENTS MADE ON ANY FORM IS PUNISHABLE AS A CLASS "A" MISDEMEANOR PURSUANT TO SECTION 210.45 OF THE NYS PENAL LAW AND WILL RESULT IN THE DISAPPROVAL OF YOUR APPLICATION.

- a. Pistol/Semi-Automatic Rifle License Questionnaire.
 - i. Character references: *should* be US citizens and *must* be Nassau County residents who have known the applicant for a minimum of 1 year. The following categories of people are *unacceptable* as character references:
 1. Relatives, by either blood or marriage,
 2. Active law enforcement officers,
 3. Husband and wife combinations,
 4. Two or more members of the same family or household.

The character references will be listed on the questionnaire. Individual forms will be provided for each character reference to complete.

- ii. If you answer "Yes" to any question from #1 through #19, you *must* attach a detailed statement on an 8 ½" x 11" sheet of paper explaining each answer in complete detail. This is in addition to any information requested in a specific question.

- iii. You must obtain and submit a NYS driving record history also called a “lifetime abstract”. This document is available through the NYS DMV web site located at www.dmv.ny.gov. The specific link for the instructions and form is <https://dmv.ny.gov/get-my-own-lifetime-driving-record>. Have the document sent to yourself and submit it with your application.
- iv. If you have *ever* been arrested or received a Field Appearance Ticket or Criminal Summons from *any* law enforcement agency, you *must* do the following:
 - 1. Answer “Yes” on the Pistol License Questionnaire, *and*
 - 2. Submit a certified Transcript of Record from the presiding court indicating the offense and final disposition, *and*
 - 3. Submit a detailed statement describing the circumstances surrounding each arrest and its disposition.

You *must* provide this documentation even if the case was dismissed, the record sealed, or the case nullified by operation of law. The NYS Division of Criminal Justice Services will report to us *every* instance involving the arrest of an applicant.

DO NOT ALLOW ANY PERSON TO ADVISE YOU THAT YOU NEED NOT LIST A PREVIOUS ARREST.

NYS law provides the authority for the Licensing Officer to inquire into the facts underlying the arrest of a pistol license applicant, even if the arrest was terminated in his or her favor.

FAILURE TO REPORT THE DETAILS OF AN ARREST WILL RESULT IN THE DISAPPROVAL OF YOUR APPLICATION.

- b. Pistol License Applicant’s Declaration Form: complete form. Applicants are required to know the information contained in the Application Instructions and Information Handbook.
 - c. A completed and signed Pistol Licensee’s Residence Declaration.
 - d. NYS Firearms License Request for Public Records Exemption/FOIL Opt Out Form: applicants should be aware that an approved application is a Public Record and their name and address may, in some circumstances, be released. By completing this form your personal information will be exempt from disclosure.
2. Applicant must provide the following:
- a. Two identical passport size photos, black and white or color photographs on photo paper.
 - i. Taken within the past 30 days.
 - ii. Photographs must be clear and distinctly show facial features.
 - iii. Must have a plain light colored background.



- b. Identification.
 - i. Current NYS driver license showing a Nassau County address. A Post Office Box is unacceptable, **and**
 - ii. Birth Certificate or Passport.
 - iii. If born in a foreign country, you must submit a copy of your naturalization certificate or your alien registration card. The alien registration number is necessary to process your fingerprints. In addition, we will need to see your passport or birth certificate.

Note: All applicants must supply one proof of residence from the list below. If you do not have a NYS driver license, you must provide two proofs of residence from the list below. At least one of these **must be** in your name.

- c. Proof of Residence.
 - i. Major utility bill (gas, water, electric only), **or**
 - ii. Tax bill.
 - iii. Applicants residing with their parents or who do not have one of the above in their name **must** submit a detailed letter from their parents or the person whose name is on the document stating that the applicant resides at that location and they have no objection to the weapon being on the premises.
 - iv. If leasing, a copy of signed lease agreement.

- d. Application Fee.
\$200.00 non-refundable application fee payable at submission of application. Form of payment accepted: credit card, check, or money order. Check or money order made payable to NCPD.
Cash will not be accepted.

3. For concealed carry license, in addition to 1. and 2. above, ALL of the following documents must be submitted all at one time for upgrade or when applying for a concealed carry license for first time:



Applicants must submit a certificate with proof attendance of a completed 16 hours in-person live classroom training and 2 hours of live/SIMS fire range training and must satisfactorily complete a proficiency qualification test for both the classroom and live fire training. Certificate must identify the duly authorized instructor by name and to include contact information for the company providing the training.

- a. Applicants must submit a list of all former and current social media accounts used within the past 3 years, so content can be reviewed for 'good moral character'.
- b. A notarized letter statement detailing whether or not you have ever been admitted to a hospital in any jurisdiction for assessment, observation, care, and/or treatment of a mental illness
- c. A notarized statement detailing whether or not you have ever been admitted to a school in any jurisdiction for care or treatment of a developmental disability.
- d. A notarized statement detailing whether or not you have been convicted within the last five (5) years of assault in the third degree as defined in section 120 of the Penal Law, menacing as defined in section 120.15 of the Penal Law, or misdemeanor driving while intoxicated as defined in section 1192 of the Vehicle and Traffic Law.
- e. A notarized statement detailing whether or not any minors are residing, full-time or part-time, with you.

- f. The name and contact information of your current spouse or domestic partner and any other adults residing with you, including adult children.

NOTE: You will be required to sign for a copy of ‘Sensitive Locations’, as determined by the governor of New York State, which prohibits you from carrying your firearm(s) in specific locations. You must also be familiar with New York State Penal Law 265.01-d and 265.01-e, both a class E Felony, if you are caught in any one of certain areas which have been deemed ‘Sensitive or Restrictive Locations’. You will also be required, as mandated by the Governor of NYS, to sign for a copy of a WARNING describing your responsibility for the ‘safe storage of firearms’.

If you are applying for more than one type of license, as outlines above, there is only one fee for the initial application of \$200.00 upon submission.

Step 2: Review of application.

1. When you have completed all of the forms and secured all required supplementary documents, you are ready to proceed with the next phase of the application process. You must appear at the Pistol License Section to have your application package reviewed for accuracy and completeness. No appointment is necessary for this phase.
2. If the forms are not completed properly or the required documentation is not provided, the application will be returned to you with instructions for proper completion.
3. Upon approval of your application package, you will be given the following:
 - a. Fingerprint appointment (for first time applicants only).
 - b. Four Affidavit of Character Reference Forms. Follow the instructions on the front of the form.
 - c. New York State Pistol/Revolver License Application/Fingerprint card. The ***only*** information you will fill out on this form is the character reference information on the front. Fill in your character reference’s names and addresses and have them sign in the last column. This must be done in ***black ink only***. You can not fold, spindle, or mutilate this form. It must be returned to the Pistol License Section in the same condition as you receive it.

Step 3: Fingerprinting.

1. When you arrive for your fingerprint appointment, you must supply an \$88.25 fingerprint processing fee. Form of payment accepted: check or money order made payable to NCPD. ***Cash will not be accepted.***

GENERAL INFORMATION

1. **Deadline:** All completed forms and supplementary documentation must be received by your investigator within 6 months of the day you are fingerprinted. Failure to comply with this instruction will result in the cancellation of your application prior to issuance.
2. **Submission of Application:** Pistol Licenses will be processed as quickly as possible. Please ***DO NOT CALL*** while your application is being processed.
3. **Pistol License Consulting Firms:** This Department has received complaints concerning misrepresentations and misleading information issued by various firms who indicate that they can assist you in receiving a pistol license or can expedite your application. It is this Department’s position that the utilization of these firms is unnecessary and that the application instructions are self-explanatory. If you

have any questions concerning the application or application process, you can contact the Pistol License Section and someone will assist you.

The NCPD Pistol License Handbook and additional forms are available at www.pdcn.org. Once at the site select 'About NCPD' then select 'FORMS' and use the drop down to Pistol License .

POLICE DEPARTMENT COUNTY OF NASSAU, N.Y.
PISTOL LICENSE SECTION
1490 FRANKLIN AVE
MINEOLA, N.Y. 11501
PHONE 516-573-7559 FAX 516-573-7861

PISTOL LICENSE SECTION HOURS
MON. AND FRI. 8:00 A.M. TO 5:00 P.M., TUES. AND THUR. 9:00 A.M. TO 7:00 P.M.
WED. CLOSED

FOR SECURITY AND SAFETY REASONS, NO CHILDREN WILL BE PERMITTED IN THE INTERVIEW AREA.

Remember: No application(s) will be accepted unless all required documentations are presented in person at the Pistol License Section counter. Documentation is not accepted via mail or any other delivery service (unless otherwise directed). It must be hand delivered by the licensee (or first time applicant) directly to Pistol License personnel at Police Headquarters in Mineola.

POLICE DEPARTMENT, COUNTY OF NASSAU, NEW YORK
PISTOL/SEMI-AUTOMATIC RIFLE LICENSE APPLICANT QUESTIONNAIRE
(PRINT CLEARLY IN BLACK INK ONLY)

PDCN Form 490 - Rev. 08/22
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TYPE OF LICENSE YOU ARE APPLYING FOR : <input type="checkbox"/> TARGET / HUNTING <input type="checkbox"/> BUSINESS / TARGET / HUNTING <input type="checkbox"/> CIVILIAN CONCEALED CARRY <input type="checkbox"/> ARMORED CAR GUARD <input type="checkbox"/> ARMED GUARD <input type="checkbox"/> RETIRED FED LEO <input type="checkbox"/> RETIRED PEACE OFFICER <input type="checkbox"/> RETIRED POLICE OFFICER <input type="checkbox"/> SEMI-AUTOMATIC RIFLE										
LAST NAME		FIRST NAME			MIDDLE NAME			NICKNAME / ALIAS		
ADDRESS: STREET #		APT #		STREET			TOWN		STATE	ZIP CODE
LIST ALL PLACES OF RESIDENCE FOR THE LAST TEN YEARS (Include street with #, apt #, town, state, and zip code)										
HOME PHONE #		CELL PHONE #			E-MAIL ADDRESS			SOCIAL SECURITY #		
DATE OF BIRTH		PLACE OF BIRTH		<input type="checkbox"/> CITIZEN <input type="checkbox"/> ALIEN	IF NATURALIZED, GIVE DATE AND COURT AND ALIEN REGISTRATION #					
SEX	HEIGHT FT. IN.	WEIGHT	RACE	HAIR COLOR	EYE COLOR	MARITAL STATUS		<input type="checkbox"/> MARRIED <input type="checkbox"/> DIVORCED	<input type="checkbox"/> SINGLE <input type="checkbox"/> WIDOWED	
FOR MALES: WIFE'S MAIDEN NAME: _____ MOTHER'S MAIDEN NAME: _____										
FOR FEMALES: MAIDEN NAME: _____ PRIOR MARRIED NAME(S): _____ FATHER'S FULL NAME: _____										
SPOUSE / DOMESTIC PARTNER FULL NAME					SPOUSE / DOMESTIC PARTNER DOB		SPOUSE / DOMESTIC PARTNER CELL PHONE			
NEXT OF KIN - NOT LIVING WITH YOU (Include name, DOB, address and phone #)										
APPLICANT EMPLOYED BY _____										
OCCUPATION				NATURE OF BUSINESS				BUSINESS PHONE #		
LIST ALL PLACES OF EMPLOYMENT FOR THE LAST FIVE YEARS (Include business name, address, nature of business and phone #)										

NAME, ADDRESS, AND PHONE # OF THE PERSON WHO WILL SAFEGUARD YOUR HANDGUN(S) AND NOTIFY THE PISTOL LICENSE SECTION IN THE EVENT OF YOUR DEATH OR DISABILITY. THIS PERSON SHOULD BE A NASSAU COUNTY RESIDENT NOT LIVING WITH YOU AND DOES NOT NEED TO POSSESS A PISTOL LICENSE.										
HOW AND WHERE WILL THE HANDGUN(S) BE SAFEGUARDED IN YOUR HOME?										
LIST ALL HANDGUNS YOU OWN OR ARE IN YOUR POSSESSION										
MANUFACTURER	AUTO or REV	CALIBER	SERIAL NUMBER	MODEL	BARREL LENGTH	COLOR	PROPERTY OF			
HAVE YOU EVER BEEN ARRESTED, SUMMONED, CHARGED, INDICTED, OR RECEIVED AN APPEARANCE TICKET ANYWHERE FOR ANY OFFENSE OTHER THAN PARKING VIOLATIONS? (Read Instructions) <input type="checkbox"/> YES <input type="checkbox"/> NO IF YES, PROVIDE THE FOLLOWING INFORMATION:										
DATE	POLICE AGENCY		CHARGES		DISPOSITION		COURT AND DATE			

POLICE DEPARTMENT, COUNTY OF NASSAU, NEW YORK
PISTOL/SEMI-AUTOMATIC RIFLE LICENSE APPLICANT QUESTIONNAIRE
(PRINT CLEARLY IN BLACK INK ONLY)

PDCN Form 490 - Rev. 08/22
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GIVE FOUR CHARACTER REFERENCES (Read Instructions)			
1) LAST NAME	FIRST NAME	MIDDLE NAME	DATE OF BIRTH
STREET ADDRESS	CITY, TOWN, VILLAGE	HOME PHONE	CELL PHONE
2) LAST NAME	FIRST NAME	MIDDLE NAME	DATE OF BIRTH
STREET ADDRESS	CITY, TOWN, VILLAGE	HOME PHONE	CELL PHONE
3) LAST NAME	FIRST NAME	MIDDLE NAME	DATE OF BIRTH
STREET ADDRESS	CITY, TOWN, VILLAGE	HOME PHONE	CELL PHONE
4) LAST NAME	FIRST NAME	MIDDLE NAME	DATE OF BIRTH
STREET ADDRESS	CITY, TOWN, VILLAGE	HOME PHONE	CELL PHONE
1. Do you have a physical condition which could interfere with the safe and proper use of a handgun or semi-automatic rifle? <input type="checkbox"/> YES <input type="checkbox"/> NO			
2. Have you or any member of your household ever suffered a mental illness or been confined to any hospital, or public or private institution, for mental illness? <input type="checkbox"/> YES <input type="checkbox"/> NO			
3. Have you or any member of your household ever been evaluated or treated as a result of any mental health issues including, but not limited to, depression? <input type="checkbox"/> YES <input type="checkbox"/> NO			
4. Have you ever undergone treatment for alcohol or substance use? <input type="checkbox"/> YES <input type="checkbox"/> NO			
5. Do you now or have you ever tried, used, possessed or sold marijuana or its derivatives, narcotics, controlled substances, tranquilizers, anti-anxiety, anti-depression, or anti-psychotic medications? If yes and prescribed by a doctor, provide the doctor's name, address, and phone number. <input type="checkbox"/> YES <input type="checkbox"/> NO			
6. Have you received a traffic summons, or been arrested or convicted for any traffic infraction in the last five (5) years? If yes, provide a NYS Driver's Abstract or, if out of state, list the following: date, charge(s), disposition, court and police agency. <input type="checkbox"/> YES <input type="checkbox"/> NO			
7. Has anyone in your household been arrested for a felony or serious offense? <input type="checkbox"/> YES <input type="checkbox"/> NO			
8. Have you ever been charged, been petitioned against, been a respondent, or otherwise been a subject of a proceeding in Family Court or any court, excluding traffic and criminal court? <input type="checkbox"/> YES <input type="checkbox"/> NO			
9. Have you ever had, or do you now have, an Order of Protection issued against you? <input type="checkbox"/> YES <input type="checkbox"/> NO			
10. Have you ever had, or do you now have, an Order of Protection issued by you against a member of your household or any family member? <input type="checkbox"/> YES <input type="checkbox"/> NO			
11. Have you ever had, or do you now have, an Order of Protection issued by you against a person other than a member of your household or family? If yes to Questions 9, 10, or 11, provide court and date of issuance, other person's name, address, and phone number, other person's relationship to you, and the reason for the issuance of the Order of Protection. <input type="checkbox"/> YES <input type="checkbox"/> NO			
12. Have the police ever responded to a domestic incident in which you were involved? <input type="checkbox"/> YES <input type="checkbox"/> NO			
13. Have you served in the armed forces of this or any other country? If yes, provide Form DD214 for US service or service number, dates, and details for foreign service. If discharge was other than honorable, provide details. <input type="checkbox"/> YES <input type="checkbox"/> NO			
14. If yes to Question 13, have you ever been the subject of military disciplinary action? <input type="checkbox"/> YES <input type="checkbox"/> NO			
15. Have you ever been terminated or discharged from any employment? <input type="checkbox"/> YES <input type="checkbox"/> NO			
16. Have you ever been denied appointment to a civil service position, whether on the federal, state, or local level? <input type="checkbox"/> YES <input type="checkbox"/> NO			
17. Do you have or have you ever had a pistol/semi-automatic rifle license issued by any other jurisdiction? If yes, provide name(s) of jurisdiction(s) and pistol license numbers(s). <input type="checkbox"/> YES <input type="checkbox"/> NO			
18. Have you ever had a firearm license, dealer's license, gunsmith license, or any application for such a license disapproved, or had such a license withdrawn, suspended, cancelled, or revoked? <input type="checkbox"/> YES <input type="checkbox"/> NO			
19. Have you ever had any license including, but not limited to, a driver's license or liquor license issued by any agency denied, suspended, cancelled, or revoked? <input type="checkbox"/> YES <input type="checkbox"/> NO			
20. If you answered "yes" to any one of the 19 questions above, submit a separate, detailed, notarized explanation on 8 1/2" by 11" sized paper. This is in addition to any information requested in a specific question.			

ANY OMMISSION OF FACT OR ANY FALSE STATEMENT WILL BE SUFFICIENT CAUSE TO DENY THIS APPLICATION AND CONSTITUTES A CRIME PUNISHABLE BY FINE, IMPRISONMENT OR BOTH.

STATE OF NEW YORK
COUNTY OF NASSAU I, _____, being duly sworn, depose and say that I am the above-named person, I have personally read and answered each and every question herein and each and every answer is full, true, and correct in every respect.

Sworn to before me this _____
day of _____, 20____

SIGNATURE OF APPLICANT

SIGNATURE OF NOTARY

NOTARY STAMP

POLICE DEPARTMENT, COUNTY OF NASSAU, NEW YORK PISTOL/SEMI-AUTOMATIC RIFLE LICENSE DECLARATION FORM

Name _____

Date _____

I HEREBY ACKNOWLEDGE THAT I HAVE READ AND UNDERSTAND THE CONTENTS OF THE FOLLOWING DOCUMENTS:

1. Fill in the revision date of your Pistol License Application Instructions _____
2. Fill in the revision date of your Pistol License Information Handbook _____

I ACKNOWLEDGE THAT SHOULD A NASSAU COUNTY PISTOL/SEMI-AUTOMATIC RIFLE LICENSE BE ISSUED:

1. I must obtain a Purchase Document issued by the Nassau County Police Department, Pistol License Section prior to taking possession of a handgun.
2. I can not transport a handgun directly into New York State. If I want to purchase a handgun from out-of-state, I must have a Federal Firearms Dealer from outside of New York State ship the handgun to a Federal Firearms Dealer within New York State. I can then obtain a Purchase Document from the Nassau County Police Department Pistol License Section to take possession of the handgun.
3. Any firearms I bring to Police Headquarters or local precincts must be in an unloaded condition.
4. I am aware that my Nassau County Pistol License is not valid within the City of New York unless it is validated by the New York City Police Department or stamped Retired Police Officer or Retired Federal Law Enforcement Officer.
5. I understand that I may carry my handgun(s) only for the purpose that appears on my license.
6. I understand my handgun(s) must be safeguarded at all times when not on my person either in a secured GUN SAFE or LOCKED BOX. I will not leave my handgun(s) in my vehicle.



Initial

All Nassau County Pistol Licensee's, regardless of the classification of license they hold, are to be aware that whenever they have an encounter with any Law Enforcement Officer while carrying a licensed handgun on their person, in a case or any other receptacle in proximity to the licensee, or while transporting a handgun in a vehicle, the licensee should listen and comply with all directives given by the Law Enforcement Officer. The licensee should immediately, or at the earliest possible moment, and without interfering with any directives given by the Officer, inform the Officer of the fact that he/she is a pistol license holder and that there is a licensed handgun(s) on, or in proximity to their person. The licensee must listen to and obey all instructions then given by the Law Enforcement Officer and should never make a unilateral decision to retrieve or display a licensed handgun during any encounter with Law Enforcement.

I HAVE READ AND UNDERSTAND ALL OF THE ABOVE STATEMENTS AS WELL AS THE CONTENTS OF THE PISTOL LICENSE INFORMATION HANDBOOK AND AM AWARE THAT ANY VIOLATION OF THE ABOVE OR THE HANDBOOK MAY RESULT IN THE DISAPPROVAL OR REVOCATION OF MY PISTOL LICENSE.

APPLICANT SIGNATURE_____
DATE_____
NCPD PLS PERSONNEL SIGNATURE

Nassau County**Police Department****BRUCE A. BLAKEMAN**
COUNTY EXECUTIVE1490 Franklin Avenue
Mineola, New York 11501
(516) 573-8800**PATRICK J. RYDER**
COMMISSIONER

Pistol/Semi-Automatic Rifle Licensee's Residence Declaration

I, _____ declare that all persons age 18 years or older who reside at my place of residence, have been notified by me and are fully aware that if I am approved for a pistol license there may be a firearm inside my home. I further declare those same individuals have been informed that said firearm(s) will be stored and safeguarded in a secure location within my residence. Additionally, I will submit the names and contact information of my spouse or domestic partner and all other adults residing with me.

Resident Address: _____

I understand that false statements made herein are punishable as a class A misdemeanor. I further understand that upon discovery that I knowingly provided any false information, I may be subject to criminal penalties and that this request for a pistol license shall become null and void.

Declaration must be signed

Applicant Signature_____
Date

NYS Firearms License Request for Public Records Exemption

Pursuant to section 400.00 (5) (b) of the NYS Penal Law

I am: ☐ **an applicant** for a firearms license ☐ **currently licensed** to possess a firearm in NYS

Name _____ Date of Birth _____

Address _____ City _____ State _____

Firearms License # (if applicable) _____ Date Issued _____

Licensing Authority / County of Issuance or Application _____

I hereby request that any information concerning my firearms license application or firearms license not be a public record. The grounds for which I believe my information should **NOT** be publicly disclosed are as follows: *(check all that are applicable)*

☐ **1. My life or safety may be endangered by disclosure because:**

- ☐ A. I am an active or retired police officer, peace officer, probation officer, parole officer, or corrections officer;
- ☐ B. I am a protected person under a currently valid order of protection;
- ☐ C. I am or was a witness in a criminal proceeding involving a criminal charge;
- ☐ D. I am participating or previously participated as a juror in a criminal proceeding, or am or was a member of a grand jury;

☐ **2. My life or safety or that of my spouse, domestic partner or household member may be endangered by disclosure for some other reason explained below:** *(Must be explained in item 5 below)*

☐ **3. I am a spouse, domestic partner or household member of a person identified in A, B, C or D of question 1.**
(Please check any that apply)

A _____ B _____ C _____ D _____

☐ **4. I have reason to believe that I may be subject to unwarranted harassment upon disclosure.**

5. *(Please provide any additional supportive information as necessary)*

I understand that false statements made herein are punishable as a class A misdemeanor. I further understand that upon discovery that I knowingly provided any false information, I may be subject to criminal penalties and that this request for an exemption shall become null and void.

Signature

Date